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Peter V. Tishler, MD

Channing Division of Network Medicine and Genetics Division, Department of Medicine, Brigham and Women's Hospital and Harvard Medical School, Boston, Massachusetts

Many graduates of the Harvard Medical Unit (HMU†) at Boston City Hospital, in either the clinical training/residency program or the research program at the Thorndike Memorial Laboratory, contributed in major ways to the HMU and constantly relived their HMU experiences. The HMU staff physicians, descending from founder and mentor physicians Francis W. Peabody, Soma Weiss, and George R. Minot, were dedicated to the teaching, development, and leadership of its clinical and research trainees, whose confidence and dedication to patient care as a result of their mentorship led many to lifelong achievements as clinicians, teachers, and mentors. Their experience also led to a lifelong love of the HMU (despite its loss), camaraderie, happiness, and intense friendships with their associates.

When I finished my first year of medical school at Yale in 1960, shortly before being appointed by editor and longtime friend Paul B. Beeson, MD, as a student member of the *Yale Journal of Biology and Medicine*, I came to the Thorndike Memorial Laboratory at Boston City Hospital (BCH) to talk with the Chief, William B. Castle, MD. My father, a chemist who was a friend of Castle, arranged for this meeting to set up work for the summer in the Thorndike. Castle assigned me to Sidney H. Ingbar, MD, the endocrine chief and a superb, young researcher. When I conducted research that summer on the effect of thyroxine on frog myocardial enzyme activities, Sidney helped me publish the results singularly. Certainly, the research in Ingbar's laboratory, and indeed throughout the Thorndike Memorial Laboratory, was outstanding [1]. I worked with him intermittently for several years, and among other projects, I carried out the research for my medical school thesis on phenylketonuria and its thyroid function. I also frequently accompanied Sidney on clinical rounds with other endocrine physicians on the II and IV Medical Services, the clinical departments of the Harvard Medical Unit (HMU). I was so enamored that I wanted to train in medicine on these Services and was accepted to do so after my graduation from Yale in 1963.

My clinical training and experiences as an intern and resident from July 1963 to June 1966 in the Peabody and Medical Buildings at the BCH were very productive, essential, and pleasurable. Sidney Ingbar encouraged me to specialize in medical genetics. After 2 years at the National Institutes of Health with the Nobel Laureate biochemist Dr. Christian B. Anfinsen, I returned to the HMU in the Channing Laboratory as its first BCH geneticist for ongoing research and clinical practice in both general internal medicine and medical genetics. I remained in this capacity until 1977 — Harvard had been expelled from the BCH a few years earlier — when the Channing Laboratory staff, led by Edward H. Kass, MD PhD, relocated to the Peter Bent Brigham Hospital (now the Brigham and Women's Hospital). From 1980, while maintaining my identification and membership with the HMU, I spent many years at the VA Boston Healthcare System. In 2002, I returned to the Channing Laboratory, now the Channing Division of Network Medicine.

Since leaving BCH but remaining at Harvard-affiliated medical institutions, I have been involved in organizing and attending a number of reunions of HMU research and medical staff. The reunions have had a large attendance, and attendees fully enjoyed them, with much interpersonal interactions. Although time is passing for all of us, some are encouraging another reunion, clearly reflecting the allegiance of the HMU trainees and graduates.

Many graduates of the HMU at the BCH, including a number from Yale Medical School, have contributed to

To whom all correspondence should be addressed: Peter V. Tishler, MD, Channing Division of Network Medicine, 181 Longwood Ave., Boston, MA 02115; Tele: 617-525-2123; Fax: 617-731-1541; Email: peter.tishler@channing.harvard.edu.

†Abbreviations: BCH, Boston City Hospital; HMU, Harvard Medical Unit; VA, Veterans Administration

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Figure 1. The Chiefs of the Harvard Medical Unit. Top, from left: Francis W. Peabody (1922-27); George R. Minot (1928-48); William B. Castle (1948-63); and Maxwell Finland (1963-68). Bottom from left: James H. Jandl (1968-70); Charles S. Davidson (1970-71); and Franklin H. Epstein (1971-73).

its continuing memory in many ways, such as attending the reunions, writing papers about their HMU experiences, and contributing similar material to journals or books [2,3]. Physician members and leaders Maxwell Finland and William B. Castle clearly showed their permanent love of and affiliation with BCH and its HMU by editing a three-volume publication entitled *The Harvard Medical Unit at Boston City Hospital* [4,5]. This encompassing publication, in addition to its superlative and unusual history (the Thorndike Memorial Laboratory was the first university-affiliated clinical research laboratory in an American municipal hospital) and the interpersonal interactions among BCH alumni, provides basic information regarding the sociology of the HMU. The deceased HMU is remembered and loved profoundly by many former members. Its legacy has led many of us to believe and assert that we are still "current" members. Why do we remain so HMU-dedicated?

PHYSICIAN MENTORS

Many HMU staff physicians (Figure 1) were wonderful mentors for those who trained in medicine and/or research. That superb mentorship began with the early creators, including the forever-revered physicians Francis Weld Peabody (founder and chief of the HMU from 1922 to 1927 [6]), Soma Weiss (staff physician 1925-1939 [7]), and George Richards Minot (HMU chief 1928-1948). The more modern chiefs, role models, mentors, and friends include physicians Walter H. Abelmann (1950-1974); Ronald A. Arky (1961-1971); Theodore L. Badger (1931-1968); H. Franklin Bunn (1964-1974); William B. Castle (1925-1968); Charles S. Davidson (1941-1973); Laurence B. Ellis (1928-1974); Maxwell Finland (1927-1972, a medical genius with about 800 publications); Joseph S. Gryboski (1951-1974); Sidney H. Ingbar (1949-1972); James H. Jandl (1959-1974); Edward H. Kass (1958-1973); David D. Rutstein (1934-1974); Albert O. Seeler (1947-1974); and Frank E. Speizer (1963-1977). Most of these mentors expressed humor and worked constantly to help, encourage, and develop their trainees. This philosophic work of concerned and highly motivated leaders/mentors had a profound and lasting effect. Speizer, also an HMU medical trainee and now an epidemiologist, notes: "We all stood on the shoulders of those who came before us … and we all have tried to convey those lessons to the generations that have followed" [8]. In great appreciation of his clinical and research leadership and mentorship, Maxwell Finland was revered posthumously by his physician contemporaries Castle, Davidson, Kass,

Jerome O. Klein (HMU member 1961-1974), Neal H. Steigbigel (1960-1967), and Peter V. Tishler (1963-1977) [9].

INTELLECTUAL CHALLENGE

The HMU provided an intellectual challenge to both research and clinical trainees and post-training staff members that was initiated by Peabody, of whom Hans Zinsser noted that his "capacity for scientific concentration was combined with keen interest in man and its consequence — public service" [10]. Peabody's successor, Minot, an exceptional person with whom to work [11], and their early associates Weiss, Castle, Finland, and Joseph T. Wearn, MD (1923-1929) continued his legacy. This motivating aspect of learning and its daily acquisition by experience led to universal leadership and accomplishments in research: the Nobel Prize to Minot in 1934 for the discovery of the treatment of pernicious anemia [12,13]; the absolute use of specific antibiotics, determined for efficacy by analysis of the liability of infectious disease microbes to these drugs (by Finland, Kass, and associates, locally and nationally); the pathophysiology and treatment of diabetes mellitus (Norbert Freinkel, MD 1952-1966, and Arky); pioneering studies of the epidemiology of disease, including developing a long-term nurses' health study (Speizer), and of pathophysiology and therapies of cardiovascular disease (Weiss, Abelmann, Ellis, etc.); methods for evaluating and treating pulmonary function and its diseases, including tuberculosis (Badger, Finland); and the pathophysiology of pernicious and other anemias (Castle, Jandl). Other accomplishments include membership in organizations such as the National Academy of Sciences and others. From 1946 to 1967, Derek E. Denny-Brown headed the Harvard-based Department of Neurology, an outstanding research, physician training, and patient care organization.

Many clinical trainees came to the HMU because of their medical school experience at the HMU in pre-clinical teaching (physical diagnosis) and clinical rotations, their interest in academic medicine, and their dedication to the treatment of poor individuals [14]. Similarly, the house officers were repeatedly told that clinical investigation is an essential part of medicine and necessary to address patients. The daily intellectual challenge to clinician trainees and the trainee graduates motivated all HMU staff individuals, who did respond to and surpass the challenge. This approach was incorporated into patient care by house officers and all other trainees, and its effectiveness resulted in the development of similar intellectual processes, as well as human concern for the welfare and proper care of seriously ill, dependent patients. The HMU physicians constantly taught and stimulated the thought of all trainees to encourage and permit them to become their colleagues and ultimately their successors [15,16]. Thus, graduates remembered not only mentors, but also the early-accessed impetus to the daily approach to research, attributes, responsibilities, clinical learning, and responsiveness to illness [16]. This effect of the HMU on the subsequent personal feelings and practice of alumni is lifelong, particularly as a great number of HMU members achieved professorships and/or deanships nationally [17]. The teaching and patient care developed at the HMU were also important in focusing on personalized medicine, giving patients additional attention and personalized, tailored treatments. In fact, this training in both research and clinical medicine has elevated individuals to membership in the medical elite, "colleagues whose common interests and purpose lead them to wield power to guide the decisions and practices of their profession, for the good of all" [15]. Castle also asserted that "the unique role of the Thorndike as the leading 'teacher of teachers' is known throughout the world" [10].

HONING SELF-CONFIDENCE

Physicians at the HMU also developed self-confidence, both individual and universal. House officers became confident and self-reliant as they treated seriously ill and desperate patients [16]. The practical training of interns in patient care and its procedures was both rapid and definitive. Junior and senior residents led the training of interns, who for each procedure practiced "see one, do one and teach one" [8]. Confidence also encouraged daily or periodic inquiry concerning a research or clinical aspect not encountered in the past. This lifelong confidence contributed significantly to both lifelong readiness to both utilize past experiences [18] and conduct new studies, as well as acquire new experiences. Researchers became universally confident and pleasant as they learned and produced research results.

CAMARADERIE AND DEDICATION

Training and professional results in both research and clinical medicine led to great camaraderie, happiness, interpersonal understanding, and dedication to patient care [19]. For residents in medicine, this came about as they worked to embrace and treat desperately ill and poor patients "with sympathy, tact and consideration … and insight into the patient's character and personal life" [20]. The hard work required of these residents enhanced the development of camaraderie, which also came about in reaction to BCH policies that potentially limited patient care, resulting in residents confronting and solving these problems, maintaining adequate patient care, and developing a strong sense of identification among all house officers (a complete society) and other HMU members. These major determinants of behavior were included in the interpersonal relations between superordinate and subordinate members [16], leading to lifelong friendships and institutional collegiality among the HMU co-workers and mentors [12,21]. As a result, a universal, important, long-standing esprit de corps was created. Moreover, the periodic reunions further reinforced the allegiance and friendship among HMU alumni.

IN SUMMARY

In summary, we are lifelong members of the deceased BCH HMU and are successful in many ways. Our achievements are a testament to our mentors, wonderful leaders and teachers, the academic and clinical environment, patients, group interactions and friendships, and intellectual challenge. All of these things encouraged our research and clinical care, confidence, response to clinical challenges, happiness, camaraderie, socialization, and esprit des corps. We remember, recognize, and admire the profound achievements of the founders and mentors of the HMU and have continued to satisfy our need for lifelong education, research, development, and clinical success. This experience has led us to continual clinical and research achievements, friendships, and memories. All these phenomena came about to us as members of the now defunct HMU and continue as we remain in the membership of the continual (in our minds) HMU. We thus remain part of the great tradition of the HMU of the old BCH. The BCH and its HMU are now partially destroyed [22] and totally deceased, but remembered in a major, vivid way by us all.

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